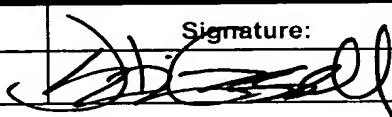
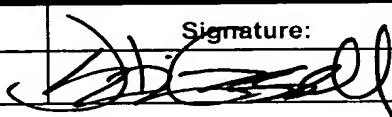
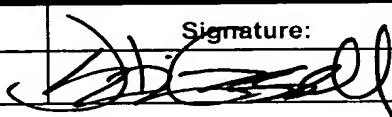


13281 U.S.PTO
120303

UTILITY PATENT APPLICATION TRANSMITTAL																																																	
<input type="checkbox"/> DUPLICATE																																																	
Address to: Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450		Attorney Docket No. SIGU3008/JEK/JJC	First Named Inventor (or identifier) SIGURJONSSON																																														
		Total Pages 65	10/725591 17358																																														
Transmitted herewith is a patent application under 37 CFR 1.53(b).																																																	
Entitled:	METHOD FOR PRODUCING A WOUND DRESSING																																																
<p><input checked="" type="checkbox"/> 1. Submitted herewith are the following:</p> <p>41 pages of specification. <input checked="" type="checkbox"/> Abstract. 10 sheet(s) of drawings. 12 claim(s). <input checked="" type="checkbox"/> Oath/Declaration signed by each inventor. <input checked="" type="checkbox"/> Application Data Sheet. <input type="checkbox"/> Preliminary Amendment. <input checked="" type="checkbox"/> Information Disclosure Statement(s). 3 pages of Form PTO-1449, and one copy of each foreign document listed thereon. <input checked="" type="checkbox"/> Assignment of the invention, Cover Sheet, and payment of the \$ 40.00 recordal fee. <input type="checkbox"/> certified copy of application no. _____ filed in _____. Priority is claimed. <input checked="" type="checkbox"/> check in the amount of \$ 810.00 including any assignment recordal fee.</p> <p><input type="checkbox"/> 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.</p> <p><input checked="" type="checkbox"/> 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.</p> <p><input type="checkbox"/> 4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____. --</p> <p><input type="checkbox"/> 5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____. --</p> <p><input type="checkbox"/> 6. Other: _____</p>																																																	
The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; Benjamin E. Urcia, Reg. No. 33,805 and Justin J. Cassell, Reg. No. 46,205.																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">THE FILING FEE IS CALCULATED AS FOLLOWS:</th> <th style="text-align: right;">Basic Fee:</th> <th style="text-align: right;">\$770.00</th> </tr> </thead> <tbody> <tr> <td>Total Claims:</td> <td>12</td> <td>- 20 =</td> <td style="text-align: right;">0</td> <td style="text-align: right;">X \$18 =</td> </tr> <tr> <td>Independent Claims:</td> <td>3</td> <td>- 3 =</td> <td style="text-align: right;">0</td> <td style="text-align: right;">X \$86 =</td> </tr> <tr> <td colspan="3" rowspan="3" style="text-align: center;">Correspondence Address: 23364 Customer Number</td> <td colspan="2" style="text-align: right;">Multiple Dependent Claim (add \$290.00):</td> </tr> <tr> <td colspan="2" style="text-align: right;">Subtotal:</td> <td style="text-align: right;">\$770.00</td> </tr> <tr> <td colspan="2" style="text-align: right;">50% Reduction if Small Entity Status:</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">Phone: 703-683-0500 Fax: 703-683-1080</td> <td style="text-align: right;">Total:</td> <td style="text-align: right;">\$770.00</td> </tr> <tr> <td>Date:</td> <td colspan="2">Name:</td> <td colspan="2">Signature:</td> </tr> <tr> <td>December 3, 2003</td> <td colspan="2">JUSTIN J. CASSELL</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">Reg. No. 46,205</td> </tr> </tbody> </table>				THE FILING FEE IS CALCULATED AS FOLLOWS:			Basic Fee:	\$770.00	Total Claims:	12	- 20 =	0	X \$18 =	Independent Claims:	3	- 3 =	0	X \$86 =	Correspondence Address: 23364 Customer Number			Multiple Dependent Claim (add \$290.00):		Subtotal:		\$770.00	50% Reduction if Small Entity Status:			Phone: 703-683-0500 Fax: 703-683-1080			Total:	\$770.00	Date:	Name:		Signature:		December 3, 2003	JUSTIN J. CASSELL								Reg. No. 46,205
THE FILING FEE IS CALCULATED AS FOLLOWS:			Basic Fee:	\$770.00																																													
Total Claims:	12	- 20 =	0	X \$18 =																																													
Independent Claims:	3	- 3 =	0	X \$86 =																																													
Correspondence Address: 23364 Customer Number			Multiple Dependent Claim (add \$290.00):																																														
			Subtotal:		\$770.00																																												
			50% Reduction if Small Entity Status:																																														
Phone: 703-683-0500 Fax: 703-683-1080			Total:	\$770.00																																													
Date:	Name:		Signature:																																														
December 3, 2003	JUSTIN J. CASSELL																																																
				Reg. No. 46,205																																													